

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/551949

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7	1					
8		1				
9		1				
10		3				
11	1					
12	1					
13	1					
14		2				
15		2				
16	1					
17		1				
18		1				
19		1				
20		4				
21	1					
22	1					
23		2				
24		2				
25	1					
26		1				
27		2				
28		2				
29			1			
30				1		
31				1		
32				1		
33				1		
34				1		
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42				1		
43				1		
44				1		
45				1		
46			1			
47				1		
48				1		
49				1		
50				1		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52			1			
53			1			
54				1		
55				1		
56				1		
57				1		
58			1			
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95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.			9			
TOTAL CLAIMS			23			

BEST AVAILABLE COPY